

# Know Your Customer Form - Individual

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY IN BLOCK LETTERS ONLY**

- To comply with our obligations under the Proceeds of Crime Act, Chap. 11.27 (as amended), the Financial Obligations Regulations, 2010 (as amended) and the Foreign Account Tax Compliance Act (FATCA), ANSA Merchant Bank Limited (AMBL) is **mandated** to request the information contained therein.
- A separate Know Your Customer (KYC) form is required for each additional joint account holder.

SECTION 1. Identity Information		
Title	Given Name(s)	Surname
Date of Birth	Gender	Marital Status
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common law <input type="checkbox"/> Widowed
Nationality	Citizenship	Other Citizenship

SECTION 2. Proof of Identity			
ID Type	ID Number	Issue Date	Expiry date

SECTION 3. Address Information	
Residential Address	Correspondence Address
Address line 1	
Address line 2	
City/ Town	
Country	

SECTION 4. Contact Information		
Home Number	Work Number	Mobile Number
Email Address		

SECTION 5. Expected Source of Funds through Accounts				
<input type="checkbox"/> Salary	<input type="checkbox"/> Rental income	<input type="checkbox"/> Gratuity	<input type="checkbox"/> Pension	<input type="checkbox"/> NIS payment
<input type="checkbox"/> Interest/ Dividends	<input type="checkbox"/> Business profits	<input type="checkbox"/> Capital gains	<input type="checkbox"/> Royalties	<input type="checkbox"/> Other
Please specify other				

SECTION 6. Purpose of Business Relationship		
<input type="checkbox"/> open mutual fund	<input type="checkbox"/> apply for loan facility	<input type="checkbox"/> local market securities investment
<input type="checkbox"/> open/ renew fixed deposit	<input type="checkbox"/> foreign currency exchange	<input type="checkbox"/> foreign market securities investment
<input type="checkbox"/> open demand deposit	<input type="checkbox"/> purchase bond / treasury bill	<input type="checkbox"/> other (please specify below)

**SECTION 7. Self-Employment Details (Omit this section if not applicable)**

Name of Business	
------------------	--

Nature of Business	
--------------------	--

1. List of products and services provided by the company.

--

Business address	
------------------	--

Business #		Fax #		Email	
------------	--	-------	--	-------	--

Last annual earnings		Last Annual Profit		# of employees	
----------------------	--	--------------------	--	----------------	--

2. Are you an **Attorney-at-law, Accountant or Independent Legal Professional** involved in the following on behalf of clients?

a) Buying and selling of real estate;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Managing of client money, securities, and other assets;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Management of banking, savings, or securities accounts;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Organisation of contributions for the creation, operation or management of companies;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Creation, operation or management of legal persons or arrangements, and buying or selling of business entities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Are you involved in any of the following activities involving **real estate**?

- Buying and/ or selling or leasing land and any interest in land or any buildings thereon;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

4. Are you involved in any of the activities listed below?  Yes  No

<input type="checkbox"/> Internet Gambling	<input type="checkbox"/> Motor Vehicle Sales or Leasing	<input type="checkbox"/> Gaming Houses
<input type="checkbox"/> National Lotteries	<input type="checkbox"/> Jewellery dealer	<input type="checkbox"/> Art Dealer
<input type="checkbox"/> Cash Intensive trade	<input type="checkbox"/> Pool Betting	

5. If the answer to any question from 2 – 4 above is yes, then the following is required: (please indicate which are provided)

<input type="checkbox"/> Proof of Registration with Financial Intelligence Unit of Trinidad & Tobago.
<input type="checkbox"/> Confirmation letter indicating that a Compliance Program exists and is in line with the Proceeds of Crime Act, Chap: 11.27

6. The following items may also be required

- Registration certificate (mandatory if business is registered)
- Professional licensure required for doctors, lawyers, accountants, farmers (farmer’s badge), taxi operators (taxi badge) and vendors & food caterers (food badge)
- Financials in the form of management accounts for the last three (3) years if in operation for more than three (3) years; or estimates of income for three (3) years if in operation for less than three (3) years;
- Bank statements for the past six (6) months (mandatory requirement)

**SECTION 8. Wage Employment Details (Omit this section if not applicable)**

Employment status	<input type="checkbox"/> salaried worker	<input type="checkbox"/> retiree / pensioner	<input type="checkbox"/> unemployed	<input type="checkbox"/> student/ minor
-------------------	--	--	-------------------------------------	---

Occupation		Job Title	
------------	--	-----------	--

Gross income		Salary frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Weekly
--------------	--	------------------	----------------------------------	--------------------------------------	---------------------------------

Employer’s name	
-----------------	--

Employers address	
-------------------	--

**SECTION 9. Politically Exposed Person (PEP) Attestation (tick ‘Yes’ where applicable to you)**

a) Have you ever been entrusted with a prominent public function, local or foreign (either currently or in the past) as stated below?  Yes  No

<input type="checkbox"/> Head of State	<input type="checkbox"/> Head of Government	<input type="checkbox"/> Senior Member of Legislature	<input type="checkbox"/> Military Official
<input type="checkbox"/> Senior Politician	<input type="checkbox"/> Senior Government Official	<input type="checkbox"/> Judicial Official	<input type="checkbox"/> Political Party Official
<input type="checkbox"/> Executive State-Owned Enterprise		<input type="checkbox"/> Prominent Position in an International Organisation	

If yes, please provide details	
--------------------------------	--

b) Are you an immediate family member (spouse, parent, sibling, child) or close personal or professional associate of anyone in the categories in ‘a’ above?  Yes  No

If yes, please provide details	
--------------------------------	--



**SECTION 12. Customer Consent**

I/ We also agree that ANSA Merchant Bank Limited can disclose the contents of this application and other related information and transactions on accounts linked to me/us to any current or future financial services companies which are subsidiaries of AMBL including ANSA Securities Limited, ANSA Bank Limited, ANSA Merchant Bank (Barbados) Limited, Trinidad and Tobago Insurance Limited, TATIL Life Assurance Limited and Colonial Fire & General Insurance Company Limited.

Please check the box if you DO NOT wish to have your information shared with any of the subsidiaries of ANSA Merchant Bank Limited

**SECTION 13. Customer Declaration**

I declare that the information furnished by me to ANSA Merchant Bank Limited (AMBL) is true and correct and AMBL is entitled to verify the same either directly or through any third-party agent. I also agree that, if any such declarations made by me are found to be incorrect, AMBL shall be entitled to terminate the account relationship.

I confirm having read and understood the account rules of AMBL, and hereby agree to be bound by the terms and conditions and amendments governing the account(s) issued by AMBL from time to time.

\_\_\_\_\_   
 Customer Name

\_\_\_\_\_   
 Specimen Signature

\_\_\_\_\_   
 Date Signed

**SECTION 14. Notary Acknowledgement (required only if domiciled outside of Trinidad & Tobago)**

**SECTION 15. For Bank Purposes Only**

1.  Prospective Customer       Existing Customer      T24 Customer ID

2. Compliance Approval is required for any customer in the categories below. Indicate which applies

<input type="checkbox"/> POLITICALLY EXPOSED PERSON	<input type="checkbox"/> REAL ESTATE AGENT	<input type="checkbox"/> INFORMAL WORKER
<input type="checkbox"/> FOREIGN RESIDENT	<input type="checkbox"/> LAWYER (Private practice)	<input type="checkbox"/> INTRODUCED BUSINESS
<input type="checkbox"/> ESTATE EXECUTOR/ ADMINISTRATOR	<input type="checkbox"/> ACCOUNTANT (Private practice)	
<input type="checkbox"/> POWER OF ATTORNEY	<input type="checkbox"/> NOTARY	

3. Customer Risk Assessment

Risk Rating	% Score
<input type="checkbox"/> HIGH RISK	
<input type="checkbox"/> PEPH	

Risk Rating	% Score
<input type="checkbox"/> MEDIUM RISK	
<input type="checkbox"/> PEPH	

Risk Rating	% Score
<input type="checkbox"/> LOW RISK	
<input type="checkbox"/> PEPL	

4. Has the customer's identity been verified in line with the required standards and true copies of documents obtained?  Yes  No

.....   
 Branch Address/ Location

.....   
 Department Unit

.....   
 Name of Txn Officer (Block letters)

.....   
 Officer's Signature

.....   
 Date

.....   
 Name of Manager (Block letters)

.....   
 Manager's Signature

.....   
 Date